

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**REGISTRATION FOR ELECTRONIC FUNDS TRANSFER
 OF BUSINESS TAX PAYMENTS**

GENERAL INSTRUCTIONS

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| WHO MUST FILE | NEW HAMPSHIRE'S BANK ACCOUNT INFORMATION WILL BE PROVIDED TO YOU ALONG WITH YOUR APPROVAL FOR THE NEW HAMPSHIRE ELECTRONIC FUNDS TRANSFER PROGRAM. New Hampshire requires all taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or a Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year to submit tax payments by electronic funds transfer (EFT). Taxpayers with tax liabilities under the mandatory threshold of \$100,000 may also participate in New Hampshire's EFT program. |
| WHAT TO FILE | If you meet the mandatory threshold to make your tax payments via EFT, you must submit this form to register as an EFT taxpayer with the New Hampshire Department of Revenue Administration. If you are below the mandatory threshold, but wish to voluntarily participate in the EFT program, you must submit this form to register with the Department. The information provided on this form should include the name, address and telephone number of the contact person(s) for EFT purposes. In addition, this form should be used to report any changes in your registration information (i.e., a change in taxpayer contact, telephone number, etc). This form is available in the EFT Program Information Guide and in the New Hampshire Package X. The Package X does <u>not</u> include the instructions or record formats required to make your payments via EFT. If you use the Package X, please contact Department's Document Processing Division at (603) 271-2186 for the complete EFT Program Information Guide. |
| WHEN TO FILE | This form must be filed at least 30 days prior to the due date of your first EFT payment. Any changes in the registration information must be provided to the Department at least 30 days prior to the change. |
| PRENOTE TEST | All taxpayers participating in New Hampshire's EFT program are required to complete a successful Prenote Test at least 10 calendar days prior to the due date of their first EFT payment. |
| WHERE TO FILE | New Hampshire Department of Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004. |
| NEED HELP | Call the New Hampshire Department of Revenue Administration, Document Processing Division at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964. |

Registration for Electronic Funds Transfer of Business Tax Payments

PLEASE PRINT OR TYPE

| | | | |
|--|--|---|---------------------|
| TAXPAYER NAME | | PROPRIETOR'S SOCIAL SECURITY NUMBER | |
| ENTITY TYPE: Check one of the following: <input type="checkbox"/> ① Proprietorship <input type="checkbox"/> ② Corporation <input type="checkbox"/> ③ Partnership <input type="checkbox"/> ④ Fiduciary <input type="checkbox"/> ⑤ Non-Profit Organization <input type="checkbox"/> ⑥ Combined Group | | FEDERAL EMPLOYER IDENTIFICATION NUMBER | |
| | | NOTE: If you are a corporation <u>and</u> a combined group, you must check combined. | |
| PRIMARY CONTACT PERSON | | TELEPHONE () | FAX NUMBER () |
| SECONDARY CONTACT PERSON | | TELEPHONE () | FAX NUMBER () |
| NUMBER & STREET ADDRESS | | | |
| ADDRESS (continued) | | | |
| CITY/TOWN, STATE & ZIP CODE | | | |

Please check one of the following:

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New Registration

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Change Document

FOR DRA USE ONLY

MAIL
TO:

NH DEPT OF REVENUE ADMINISTRATION
 DOCUMENT PROCESSING DIVISION
 PO BOX 1004
 CONCORD NH 03302-1004

Approved by _____

Date _____